

740

42A740

Department of Revenue

KENTUCKY INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

2005

 For calendar year or
other taxable year beginning _____, 2005, and ending _____, 200__

A. Spouse's Social Security Number

B. Your Social Security Number

400004216

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

ISLANDER TEST T

Mailing Address (Number and Street or PO Box)

123 PLAY HERE ST

Apartment Number

City, Town or Post Office

FRANKFORT

State

KY

Zip Code

40601

TEST 4

FILING STATUS (see instructions) Field 0305

1. ☒ Single
2. ☐ Married, filing separately on this combined return. (If both had income.)
3. ☐ Married, filing joint return.
4. ☐ Married, filing separate returns. Enter spouse's social security number above and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input checked="" type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input type="checkbox"/>

Field 0305

Field 0305

INCOME

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4
(If total of Columns A and B is \$25,736 or less, you may qualify for the Family
Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6.

7 Add lines 5 and 6.

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**.10 **Itemizers**: Enter itemized deductions from Kentucky Schedule A.**Non-itemizers**: Enter \$1,910 in Columns A and/or B.11 Subtract line 10 from line 9. This is your **Taxable Income**.

12 Enter Tax from from Tax Table, Computation or Schedule J.

Check if from Schedule J. ☐13 Enter tax from Form 4972-K ☐ Schedule RCR ☐

14 Add lines 12 and 13 and enter total here.

15 Enter amounts from page 2, Section A, lines 13A and 13B.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.

17 Enter amounts from Page 2, Section B, lines 4A and 4B.

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.

19 Add tax amount(s) in Columns A and B, line 18 and enter here.

20 Check the box that represents your total family size (see instructions for lines 20 and 21) **Field 0320**21 Multiply line 19 by the **Family Size Tax Credit** decimal amount ____ (100%) and enter here

22 Subtract line 21 from line 19.

23 Enter **Education Tuition Tax Credit** from Form 8863-K

24 Subtract line 23 from line 22

25 Enter **Child and Dependent Care Credit**

from federal Form 2441, line 9 .00 X 20% (.20)

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.

27 Enter **KENTUCKY USE TAX** from worksheet in the instructions.28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your **Total Tax Liability**.A. Spouse (Use if Filing Status 2
is checked.)

B. Yourself (or Joint)

0.00

377475.00

0.00

0.00

0.00

377475.00

0.00

3000.00

0.00

374475.00

0.00

7968.00

0.00

366507.00

0.00

21656.00

0.00

0.00

0.00

21656.00

0.00

18622.00

0.00

3034.00

0.00

20.00

0.00

3014.00

3014.00

1 2 3 4

0.00

3014.00

0.00

3014.00

0.00

3014.00

0.00

3014.00

Attach a complete copy of federal Form 1040 if you received

Farm, business, or rental income or loss. If not required, check here ☐

Do you wish to receive

a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

12345

Your Signature (If joint or combined return, both must sign)

Spouse's Signature

Date Signed

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

REFUND/TAX PAYMENT SUMMARY

29 Enter Total Tax Liability from Page 1, line 28.		3014.00
30 (a) Enter Kentucky income tax withheld as shown on attached 2005 Form W-2(s), and other supporting statements.	30(a) 2023.00	
(b) Enter 2005 Kentucky estimated tax payments.	30(b) 500.00	
(c) Enter Kentucky corporation income tax credit (KRS 141.420(3) (c))	30(c) 834.00	
31 Add lines 30(a) through 30(c).		3357.00
32 If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions). See instructions for a detailed description of funds.		343.00
33 Nature and Wildlife Fund Contribution		
\$2 \$5 \$10 Other 0.00		
34 Child Victims' Trust Fund Contribution		
\$2 \$4 Other 0.00		
35 Veterans' Program Trust Fund Contribution	0.00	
36 Breast Cancer Research and Education Trust Fund Contribution	0.00	
37 Add lines 33 through 36.....		0.00
38 Amount of line 32 to be CREDITED to your 2006 ESTIMATED TAX		300.00
39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU		43.00
TAX PAYMENT SUMMARY		
40 If line 29 is larger than line 31, enter ADDITIONAL TAX DUE		0.00
41 (a) Estimated tax penalty (c) Late payment penalty		
Check if Form 2210-K attached (d) Late filing penalty		
(b) Interest (e) Add lines 41(a) through 41(d). Enter here..... 41(e)		
42 Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE		0.00

**Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2005" on the check.
Staple check on top of attached wage and tax statements on page 1.**

SECTION A: BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself (or Joint)
1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))		17491.00
2 Enter skills training investment credit (attach copy(ies) of certification).		
3 Enter historic preservation restoration credit.		
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state).		120.00
5 Enter unemployment credit (attach Schedule UTC).		
6 Enter recycling and/or composting equipment credit (attach Schedule RC).		1011.00
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification).		
8 Enter credit for purchases of Kentucky coal used for generating electricity.		
9 Enter qualified research facility credit (attach Schedule QR).		
10 Enter GED Incentive credit (attach Form DAEL-31).		
11 Enter environmental remediation credit (Brownfields).		
12 Enter biodiesel credit.		
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15.		18622.00

SECTION B: PERSONAL TAX CREDITS

	Check Regular	Check both If 65 or over	Check both If blind	
1 (a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 DEPENDENTS				
	Dependent's	Dependents	* check if qualifying	
First Name Last Name	social security number	relationship to you	child for family size tax credit	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined.. return (Filing Status 2), Each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B.				1. Enter number of boxes checked on line 1 01
4 Multiply credits on lines 3A by \$20 and enter on line 4A. Multiply credits on lines 3B by \$20 and enter .. on line 4B. Enter here and on page 1, line 17, Columns A and B.....				2. Enter number of dependents who: lived with you 00 did not live with you (see instr) 00 other dependents 00 3. Total Credits 01
				00 3A 01 3B
				X \$20 X \$20
				00 4A 20 4B

SECTION C – FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number
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SCHEDULE A**Form 740**

Department of Revenue

KENTUCKY ITEMIZED DEDUCTIONS

➤ Attach to Form 740. ➤ See instructions.

2005

Enter name(s) as shown on Form 740, page 1.

ISLANDER TEST T

Your Social Security Number

400-00-4216

Do not include expenses reimbursed or paid by others.	
Medical and Dental Expenses	1. Medical and dental expenses 1
	2. Enter 7.5% (.075) of the amount from Form 740, line 9 2
	3. Total medical and dental. Subtract line 2 from line 1. If zero or less, enter -0- 3
Taxes <i>Note:</i> Sales and use taxes are not deductible.	4. Local income taxes (do not include state income tax) 4 434.00
	5. Real estate taxes 5 1040.00
	6. Personal property taxes 6
	7. Other taxes (list) 7
	8. Total taxes. Add lines 4 through 7. Enter here 8 1474.00
Interest Expense <i>Note:</i> Personal interest is not deductible.	9. Home mortgage interest and points reported to you on federal Form 1098 9 9700.00
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name and address) 10
	11. Points not reported to you on federal Form 1098 (see instructions for special rules) 11
	12. Investment interest (attach federal Form 4952 if required) 12
	13. Total interest. Add lines 9 through 12. Enter here 13 9700.00
Contributions <i>Note:</i> For any contribution of \$250 or more, see instructions.	14. Contributions by cash or check 14 250.00
	15. Other than cash or check (attach federal Form 8283 if over \$500) 15 400.00
	16. Artistic charitable contributions deduction (attach schedule) 16
	17. Carryover from prior year 17
	18. Total contributions. Add lines 14 through 17. Enter here 18 650.00
Casualty and Theft Losses	19. Enter amount from attached federal Form 4684, Section A, line 16 19
	20. Enter 10% (.10) of the amount from Form 740, line 9 ... 20
	21. Total casualty or theft loss(es). Subtract line 20 from line 19. If zero or less, enter -0- 21
Job Expenses and Most Other Miscellaneous Deductions	22. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach federal Form 2106 or 2106-EZ if applicable) list 22
	23. Tax preparation fees 23
	24. Other (investment, safe deposit box, etc.) list 24
	25. Add the amounts on lines 22, 23 and 24. Enter here ... 25
	26. Enter 2% (.02) of the amount from Form 740, line 9 26
	27. Total. Subtract line 26 from line 25. If zero or less, enter -0- 27
Other Miscellaneous Deductions	28. Other (see instructions) list 28 3000.00
Total Itemized Deductions	29. Add lines 3, 8, 13, 18, 21, 27 and 28. Enter here 29 14824.00

★ If single or married filing jointly and your income for Form 740, Column B does not exceed \$145,950, enter total itemized deductions on Form 740, line 10, Column B.

★ All others go to page 2.

If the amount on Form 740, line 13, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

1. Total itemized deductions from page 1, line 29.....	.00
2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	0.00 %
3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	0.00 %
4. Percent on line 1 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column A)	0.00
5. Percent on line 2 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column B)	0.00

PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns).

	A. Spouse	B. Yourself (or Joint)
<ul style="list-style-type: none"> • If married filing separately on a combined return, enter in Column A the percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B); enter in Column B the percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B). • If single, married filing a joint return or married filing separate returns, enter 100% in Column B. 	%	%100.0
1. Multiply the amount on Schedule A, line 29, by the percent of income shown in Columns A and/or B	1.	1. 14824.00
2. Add the amounts on Schedule A, lines 3, 12 and 21, plus any gambling losses included on line 28 and multiply by the percent of income shown in Columns A and/or B	2.	2. 3000.00
<i>Note: Be sure your total gambling losses are clearly identified on line 28.</i>		
3. Subtract the amount on line 2 from the amount on line 1. (If the result is zero, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	3.	3. 11824.00
4. Multiply the amount on line 3 above by 80% (.80)	4.	4. 9459.00
5. Enter the amount from Form 740, line 9	5.	5. 374475.00
6. Enter \$145,950 (\$72,975 if married filing separately on a combined return or separate returns)	6.	6. 145950.00
7. Subtract the amount on line 6 from the amount on line 5. (If the result is zero or less, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	7.	7. 228525.00
8. Multiply the amount on line 7 above by 3% (.03)	8.	8. 6856.00
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9.	9. 6856.00
10. Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. Enter the result here and on Form 740, line 10	10.	10. 7968.00

SCHEDULE MForm 740
42A740-M

Department of Revenue

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Attach to Form 740.

2005

Enter name(s) as shown on tax return.

ISLANDER TEST T

Your Social Security Number

400-00-4215**PART I ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME****A. Spouse (Use if Filing Status 2 is checked.)****B. Yourself (or Joint)**

- 1 Enter interest income from bonds issued by
other states and their political subdivisions..... 1
- 2 Enter self-employed health insurance
deduction from federal Form 1040, line 29 2
- 3 Enter resident adjustment from partnerships,
fiduciaries and S corporations, Schedule K-1 3
- 4 Enter federal depreciation from Form 4562..... 4
- 5 Other additions (specify):
(a)
(b)
(c) 5
- 6 Total Additions. Enter here and on
Form 740, page 1, line 6 6

**PART II SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME**

- 7 Enter state income tax refund or credit
reported as income on federal Form 1040..... 7
- 8 Enter interest income from U.S.
government bonds and securities..... 8
- 9 Enter excludable amount of retirement income
(attach Schedule P if more than \$41,110)..... 9
- 10 Enter taxable amount of Social Security and
Railroad Retirement Board benefits from federal
Form 1040, line 20(b) (1040A, line 14(b))..... 10
- 11 Enter long-term care insurance premiums..... 11
- 12 Enter health insurance premiums not
previously deducted from income. Do not
include premiums paid with pretax dollars
(see instructions)..... 12
- 13 Enter resident adjustment from partnerships,
fiduciaries and S corporations, Schedule K-1 13
- 14 Enter Kentucky depreciation from Form 4562-K.. 14
- 15 Other subtractions (specify):
(a)
(b)
(c) 15
- 16 Total Subtractions. Enter here and on
Form 740, page 1, line 12 16

3000.00**3000.00**

Kentucky Worksheet A

Credit for Taxes Paid to Other State

Kentucky Residents / Part-year Residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, line 3.

Recipient Name

ISLANDER

Recipient First Name

TEST

Name of other state

NY

- | | |
|--|-----------|
| 1. List Kentucky taxable from Form 740, line 11. | 366507.00 |
| 2. List any gambling losses from Schedule A, line 28. | 3000.00 |
| 3. Add lines 1 and 2 and enter total here. | 369507.00 |
| 4. List income reported to state listed above that is included on Kentucky return. | 5000.00 |
| 5. Subtract line 4 from line 3 and enter total here. | 364507.00 |
| 6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored. | 0.00 |
| 7. Subtract line 6 from line 5 and enter total here. | 364507.00 |
| 8. Enter Kentucky tax on income amount on line 7. | 21536.00 |
| 9. Enter Kentucky tax on income amount on line 1. | 21656.00 |
| 10. Subtract line 8 from line 9. This is the tax savings on return if other states income is ignored. | 120.00 |
| 11. Enter tax paid to other state on income claimed on Kentucky return. | 150.00 |
| 12. Enter the lesser of line 10 or line 11. This is your credit for tax paid other state. Carry this total to Form 740, Section A, line 3. | 120.00 |

Kentucky Worksheet B
Nonrefundable Kentucky Corporation Tax Credit
KRS 141.420(3)

Complete a separate worksheet for each PTE. See instructions for Form 740, Section A, line 1.

Entity Name **TEST PLACE, LLC**
Entity Address **123 ANYPLACE AVE**
City **FRANKFORT** State **KY** Zip Code **40601**

FEIN **61-4216421**

KY Corporate Account Number **121111**

Type of return filed from list below.

☐ 720S (0050) ☐ 765 (0055) ☐ 765-GP (0060) ☒ 725 (0065)

- | | |
|---|-----------|
| 1. List Kentucky taxable income from Form 740, line 11. | 366507.00 |
| 2. Enter income included in line 1 and taxed under KRS 141.040
From Form 720S, Schedule K-1, Form 765, Schedule K-1 or
Form 725. | 300000.00 |
| 3. Subtract line 2 from line 1 and enter total here. | 66507.00 |
| 4. Enter Kentucky tax on income amount on line 1. | 21656.00 |
| 5. Enter Kentucky tax on income amount on line 3. | 3676.00 |
| 6. Subtract line 5 from line 4. If line 5 is larger than line 4
Enter zero. This is your tax savings if income is ignored. | 17980.00 |
| 7. Enter nonrefundable corporate tax paid on income reported
on Kentucky return. | 17491.00 |
| 8. Enter the lesser of line 6 or line 7. This is your credit for non-refundable
entity tax. Carry this total to Form 740, Section A, line 1. | 17491.00 |

400-00-4216

Additional **Schedule C** for federal test 400001016/ KY test 400004216

Name – TEST T ISLANDER

SSN – 400004216

A. AUTO SALES

B.

C. TEST AUTO

D. 61-4216421

E. 123 ANYPLACE AVE, FRANKFORT, KY 40601

F. CASH

G. YES

1. 3,010,000

2. 10,000

3. 3,000,000

4. 2,525,000

5. 475,000

7. 475,000

8. 20,000

9. 7,300

10. 75,000

13. 9,924

15. 2,000

20B. 30,000

23. 776

28. 145,000

29. 330,000

31. 330,000

Additional **Form 725** for KY Single Member LLC's.

A. SINGLE RETURN

B. 61-4216421 / SSN 400004216

C. 121111

INFO – TEST AUTO, LLC

TEST T ISLANDER

123 ANYPLACE AVE

FRANKFORT, KY 40601 502-564-4621

KY 1995

AUTO SALES

D. INITIAL RETURN

PART I

1. 330,000

2. 0

3. 330,000

4. 1,000

5. 29,000

6. 300,000
7. 9,924
8. 9,924
9. 0
10. 300,000
11. 0
12. 300,000
13. 300,000

PART II

1. 3,000,000
2. 2,850
- 3a 3,010,000
- 3b 10,000
4. 475,000
5. 3,562

PART III

1. 18,500
2. 2,850

PART VI

1. 18,500
2. 175
3. 18,325
4. 17,491
5. 834

725
41A725

Department of Revenue

Kentucky Single Member LLC
Individually Owned
Corporation Income Tax Return
2005

Taxable Year Ending

➤ See separate
instructions

Taxable period beginning 2005, and ending 2005 Mo. / Yr.

A Check applicable box. <input type="checkbox"/> Composite Return <input type="checkbox"/> Nexus Consolidation <input checked="" type="checkbox"/> Single Return	B Federal Identification Number 61-411111	C Kentucky Corporation Account Number 121111
	Social Security Number 400 - 99 - 9999	
	Name of LLC (Place preaddressed label here; otherwise print or type.) Auto LLC	
	Name of Owner (Place preaddressed label here; otherwise print or type.) James Doe	
	Number and Street 123 Anyplace	
	City City	State KY
	ZIP Code 40000	Telephone Number (000) 000-0000
	State and Date of Organization KY 1995	
	Principal Business Activity in KY Auto Sales	
	NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov)	

D Check if applicable: ☐ Initial return ☐ Final return (attach explanation) ☐ Amended return
☐ Short-period return (attach explanation) ☐ Change of name ☐ Change of address

PART I—TAXABLE INCOME COMPUTATION		PART IV—TAX COMPUTATION	
1. Ordinary income (loss)	330,000	1. Tax liability (Part III, greater of line 1, line 2 or \$175 minimum)	
2. Other income (loss) (attach schedule)		ADDITIONS	
3. Total federal income (loss) (add lines 1 and 2) ..	330,000	2. Recycling/composting equipment tax credit recapture	
4. Charitable contributions	1,000	3. Total (add lines 1 and 2)	
5. Other deductions (attach schedule)	29,000	SUBTRACTIONS	
6. Total (line 3 less lines 4 and 5)	300,000	4. Total nonrefundable credits from Part V	
7. Federal depreciation and Section 179 expense deduction from Form 4562	9,924	5. Net tax liability (greater of line 3 less line 4 or \$175)	
8. Kentucky depreciation and Section 179 expense deduction from Form 4562	9,924	6. Estimated tax payments	
9. Kentucky statutory differences (KRS 141.010(12) and (13)) (attach schedule)	0	7. Extension tax payment	
10. Kentucky net income (loss) (add lines 6, 7 and 9 less line 8)	300,000	8. Prior year's tax credit	
11. Current net operating loss adjustment	0	9. Tax due	
12. Income (loss) after NOL limitation (add lines 10 and 11)	300,000	10. Tax overpayment	
13. Taxable net income (loss) (amount from line 12 or Schedule A)	300,000	11. Credited to 2006	
		12. Amount to be refunded	
PART II—ALTERNATIVE MINIMUM (AMC)		PART V—SCHEDULE OF TAX CREDITS	
Gross Receipts		1. Economic development tax credits	
1. Kentucky gross receipts	3,000,000	2. Other credits (see instructions)	
2. Tax (line 1 multiplied by .00095)	2,850	3. Total credits (enter on Part IV, line 4)	
Gross Profits		PART VI—CORPORATION INCOME TAX CREDIT	
3. Kentucky gross receipts	3,010,000	1. Income tax due (Part IV, line 1)	18,500
(a) Less Kentucky returns and allowances	10,000	2. Minimum tax	175 00
(b) Less Kentucky cost of goods sold	2,525,000	3. Corporation income tax credit (line 1 less line 2)	18,325
4. Gross profit (subtract lines 3(a) and 3(b) from line 3)	475,000	4. Nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))	17,491
5. Tax (line 4 multiplied by .0075)	3,562	5. Refundable Kentucky corporation income tax credit (KRS 141.420(3)(c))	834
PART III—TAX COMPARISON		Make check(s) payable to: Kentucky State Treasurer Mail return with payment to: Kentucky Department of Revenue Frankfort, Kentucky 40620.	
1. Regular income tax (see instructions)	18,500		
2. Alternative minimum (AMC) (lesser of Part II, line 2 or line 5)	2,850		

TAX PAYMENT SUMMARY (Round to Nearest Dollar)

<input checked="" type="checkbox"/> Income	<input type="checkbox"/> AMC Gross Receipts	<input type="checkbox"/> AMC Gross Profits	<input type="checkbox"/> Minimum \$175
Income	\$18,500	Interest	
Penalty		TOTAL (Including Penalty and Interest)	

☐ No packet required for 2006.

➤ Federal Schedules C, E and F, and any other supporting schedules must be attached.

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see page 18.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending		20		OMB. No. 1545-0074	
Your first name and initial TEST T		Last name ISLANDER		Your social security number 400-00-1016			
If a joint return, spouse's first name and initial		Last name		Spouse's social security number			
Home address (number and street). If you have a P.O. box, see page 16. 123 PLAY HERE ST		Apt. no.		You must enter your SSN(s) above.			
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. WASHINGTON DC 20011				Checking a box below will not change your tax or refund.			
Election Campaign <input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)				<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse			
1 <input type="checkbox"/> Single		4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)			
2 <input type="checkbox"/> Married filing jointly (even if only one had income)							
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		MICHAEL ISLANDER		400-55-3016			
6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b		1	
b <input type="checkbox"/> Spouse				No. of children on 6c who:			
c Dependents:		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) Check if qualifying child for child tax credit (see page 18)	
(1) First name Last name							
d Total number of exemptions claimed				Add numbers on lines above		1	
7 Wages, salaries, tips, etc. Attach Form(s) W-2				7			
8a Taxable interest. Attach Schedule B if required				8a			
b Tax-exempt interest. Do not include on line 8a		8b					
9a Ordinary dividends. Attach Schedule B if required				9a			
b Qualified dividends (see page 20)		9b					
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)				10			
11 Alimony received				11			
12 Business income or (loss). Attach Schedule C or C-EZ				12 15,075			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				13			
14 Other gains or (losses). Attach Form 4797				14			
15a IRA distributions		15a		b Taxable amount (see page 22)		15b	
16a Pensions and annuities		16a		b Taxable amount (see page 22)		16b 3,000	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17		17 24,400	
18 Farm income or (loss). Attach Schedule F				18			
19 Unemployment compensation				19			
20a Social security benefits		20a		b Taxable amount (see page 24)		20b	
21 Other income. BLACKJACK				21 5,000		21 5,000	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income				22 47,475		22 47,475	
23 Educator expenses (see page 26)		23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24					
25 Health savings account deduction. Attach Form 8889		25					
26 Moving expenses. Attach Form 3903		26					
27 One-half of self-employment tax. Attach Schedule SE		27					
28 Self-employed SEP, SIMPLE, and qualified plans		28					
29 Self-employed health insurance deduction (see page XX)		29					
30 Penalty on early withdrawal of savings		30					
31a Alimony paid b Recipient's SSN		31					
32 IRA deduction (see page XX)		32					
33 Student loan interest deduction (see page XX)		33					
34 Tuition and fees deduction (see page XX)		34					
35 Domestic production activities deduction. Attach Form 8903		35					
36 Add lines 23 through 31a and 32 through 35				36			
37 Subtract line 36 from line 22. This is your adjusted gross income				37 47,475		37 47,475	